CLAIMS ONLY

Application Number	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3				/		
4		/		/		
5				/		
6				/		
7				/		
8				/		
9				/		
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49						
50						
Total Indep			2			
Total Depend			21			
Total Claims			23			

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
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100							
Total Indep							
Total Depend							
Total Claims							